

BITCO Insurance Companies (Indy)  
Workers' Compensation  
PriorityRx Prescription Payment Authorization Form

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**\*Please keep this Authorization Form on file with script for auditing purposes.\***

**Pharmacist:**

This is a temporary workers' comp Rx payment authorization form. Please submit the prescription using the processing information listed below.

**Please contact the M. Joseph Medical Help Desk at 844-DME-AND-Rx (844-363-2637) if you have any questions.**

To transmit a prescription claim, please use the following information:

**Processing information**

Processor: EHO (Employer Health Options)  
Bin #'s: 004527 (most pharmacies use this number)  
Envoy/WebMD = 003241  
CVS Condor Code = 15721  
Eckerd's/Rite Aid Condor Code = 2185

**(These specific pharmacy chains require special numbers to transmit prescriptions. All major chains and most independent pharmacies accept this plan.)**

Version: D.O

**Patient Information**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Group#: 81016                      Sex: Male ☐ Female ☐

ID#/ SS#: \_\_\_\_\_ *Employer (internal use):* \_\_\_\_\_

D.O.B.: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Prior Authorization #: \_\_\_\_\_ **(retain this # for future use)**

DOI in YYMMDD format ex: July 20, 2014 would be 140720

Date Sent:

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